

Veronica L. Wallace  
Paternal Spouse

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

09/463007

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	+					
2		+				
3		+				
4		+				
5		+				
6		+				
7		+				
8		+				
9		+				
10	-					
11		-				
12		-				
13		-				
14		-				
15		-				
16		-				
17		-				
18		-				
19		-				
20		+				
21		+				
22		-				
23		-				
24		-				
25	-					
26		-				
27		-				
28		+				
29		+				
30		+				
31		+				
32		+				
33		+				
34		+				
35	-					
36		-				
37	+					
38		+				
39		+				
40		+				
41	-					
42		-				
43		-				
44		-				
45		-				
46		-				
47		-				
48		-				
49	-					
50		-				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

  

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52	-					
53		-				
54		-				
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						